



SEA TURTLE ENTANGLEMENT REPORT FORM

OMB Control No. 0648-0496; Exp Date: xx/xx/xxxx

FIELD #: _____

Shaded area for NOAA Fisheries Service (NMFS) use only

NMFS #: _____ EVENT CONFIRMATION: Confirmed Probable Not confirmed Reasoning: _____

INITIAL OBSERVATION: Observer name: _____ Phone: _____

Observer address / affiliation: _____

Observation date: _____ (mm / dd / yyyy) Time: _____ am pm

Turtle condition: Alive Fresh dead Moderately decomposed Severely decomposed Dried carcass Skeleton Unknown

EXAMINATION / RESPONSE: Responder name: _____ Phone: _____

Responder address / affiliation: _____

Response date: _____ (mm / dd / yyyy) Time responder arrived on scene: _____ am pm

Turtle condition: Alive Fresh dead Moderately decomposed Severely decomposed Dried carcass Skeleton Unknown

PHOTO DOCUMENTATION: Photos / video taken: Yes No If Yes, disposition: Initial observer STDN member NMFS

Documentation of: Turtle in gear Injuries / entanglement site Buoy colors, numbers and any other identifiable feature(s)

LOCATION: State: _____ County: _____ Nearest port / town: _____

Locality details: _____ Stranded ashore: Yes No

Latitude: _____ N Longitude: _____ W

TURTLE DATA: Species or description: _____

Straight carapace length:** _____ cm in actual est. Sex: Male Female Not examined CBD

Curved carapace length:** _____ cm in actual est. Does tail extend beyond carapace? Yes No

**Carapace length is measured from nuchal notch to posterior tip (see diagram on back) If Yes, how far? _____ cm in actual est.

Weight: _____ kg lb actual est. Sex determined by: Necropsy Tail length (adults only) N/A

Was turtle: Anchored Free-swimming Unknown

Describe behavior in gear: _____

GEAR TYPE: Indicate the primary (in contact with turtle) entangling gear with a "P" and secondary gear with an "S". Fill out all applicable details.

____ **Vertical Line with Surface Buoy**

Gear anchored / weighted: Yes No If Yes, anchored by: Pot(s) Net Unknown Other: _____

Length of line between turtle and surface buoy: _____ cm in actual est.

____ **Line Only (no buoy)**

Type: Monofilament Multifilament (e.g. nylon or poly rope) Unknown

Hook(s) present: Yes No If Yes, where attached to turtle: Not attached Mouth Ingested (past mouth) Soft tissue (not mouth)

Gear anchored / weighted: Yes No If Yes, anchored by: Pot(s) Net Unknown Other: _____

____ **Net**

Type: Monofilament Multifilament (e.g. nylon) Unknown

Estimated stretched mesh size: _____ cm in Net ID number(s): _____

____ **Fish Trap (pound net / weir)**

Location: Free-swimming in trap Entangled in leader Entangled in trap Other (describe in Additional Remarks)

____ **Other** Describe: _____

GEAR DETAILS:

Number of pots: _____ Pot ID Number(s): _____

Number of buoys: _____

Buoy ID number(s): Buoy 1: _____ Buoy 2: _____ Buoy 3: _____

Buoy color(s): Buoy 1: _____ Buoy 2: _____ Buoy 3: _____

Line color(s): Line 1: _____ Line 2: _____ Line 3: _____

Biofouling present on gear: Yes No If Yes, % of visible gear covered by biofouling: _____ % (describe type of biofouling in Additional Remarks)

Gear retrieved: Yes- all Yes- partially No If Yes, disposition: Initial observer STDN member State agency NMFS Gear Team

DISENTANGLEMENT OUTCOME: (Check one)

Disentangled and released Entangled / no action taken Relocated to: _____

Partially disentangled and released Entangled / not relocated Euthanized

Release behavior: _____ Lost during disentanglement Other: _____

Collected for treatment at: _____ Died during disentanglement

CARCASS / SAMPLE DISPOSITION: (Check all that apply)

Left at site Necropsied Other: _____

Towed ashore Scientific collection Unknown

Buried off beach Educational collection

Buried on beach Biopsied

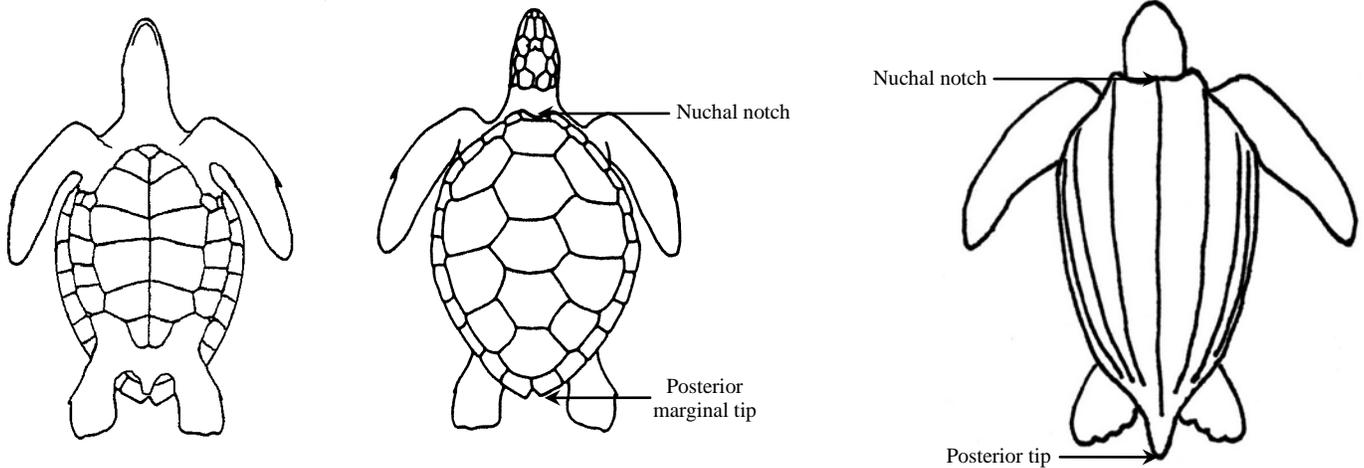
TAG / MARK DATA: Checked for flipper tags: Yes No Scanned for PIT tags: Yes No

Tag / mark type	Number	Location on animal	Applied	Present
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ENTANGLEMENT / WOUND DESCRIPTION: Use table below to describe the entanglement configuration and any wounds associated with the entanglement site.

Body area involved	Description (Specific location, # wraps, partial or complete circumference, tight vs. loose, etc.)	Wound description at entanglement site (mark all that apply)					
		Indentation	Abrasion	Laceration	Swelling	Bleeding	None
<input type="checkbox"/> Head / neck		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Front flippers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carapace / plastron		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rear flippers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTANGLEMENT / WOUND DIAGRAM: Below, please provide a diagram of entangling gear, new or healed wounds, abnormalities and / or tag locations.



EVENT SUMMARY AND ADDITIONAL REMARKS:

DISCLAIMER

These data should not be used out of context or without verification. This should be strictly enforced when reporting signs of human interaction.

The collection of information on sea turtle entanglement is necessary to ensure sea turtles are being conserved and protected, as mandated by the Endangered Species Act of 1973, as amended. Your voluntary collection and submission of this information will help achieve this objective. The public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. Personal identifiers and any commercial information will be kept confidential to the extent permitted under the Freedom of Information Act (FOIA) (5 U.S.C. 552), the Department of Commerce FOIA regulations (15 CFR Part 4, Subpart A), the Trade Secrets Act (18 U.S.C. 1905), and NOAA Administrative Order 216-100. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to (NMFS, Northeast Region Protected Resources Division, 55 Great Republic Drive, Gloucester, MA 01930).